

Looking a gift horse in the mouth...



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18 June 2018

I wonder whether Theresa May has woken up this morning wondering if she read the wrong birthday wish list? I guess that the longer you give someone to read the small print attached to your gift, the more questions that they might raise. Imagine the scene - What do you mean I can't have the present I asked for? What do you mean the way in which I might use it hasn't yet been decided? What do you mean I won't know how it is going to be paid for, therefore who has a stake in it, until November? What do you mean that the people I want to use it with haven't got a present so that they can join in? You get the picture!

The **£20bn** a year increase (or £20bn a year by 2023) has been widely welcomed within Health, but increasingly questioned by those around as to where the money will come from, what it will be spent on – and of course – critically – how it can happen in isolation to supporting and investing in the rest of the integrated system. The funding question will not be answered until the Autumn budget – where it sounds as if the question of a hypothecated tax might be explored (see my recent blog [Taxing Times](#)).

There is also due to be an announcement today in relation to the planning structure that will sit beside the funding, and provide us with a 'ten year' forward view equivalent. I hope that within that, Simon Stevens will remember his reported position in January 2017, where he was quoted as saying he was 'campaigning enthusiastically' against social care cuts. Or indeed his quoted position in the [Health Service Journal of June 2016](#), where they state, ***"The chief executive of NHS England has said there is a "strong argument" that ministers should prioritise allocating any additional funding available to social care services rather than the NHS."*** However, it is of note that his [reported position](#) had shifted towards one of more explicit private responsibility for social care, where he has focussed in on the accumulated housing wealth of the older generation to fund social care at the recent House of Commons inquiry.

This sits in contrast to the final findings of Lord Darzi, who has published a ten-point action plan as part of his conclusion into the long term funding of health and social care, carried out in partnership with IPPR. His recommendation states ***"Make social care free at the point of need. This means extending the NHS's 'need, not ability to pay' principle to social care and fully funding the service as part of 'new social contract' between the citizen and the state."*** The full report and all the recommendations can be found [here](#).

The full funding of this system, or current failure to address adequately were shown once again in the [ADASS Budget Survey 2018](#), launched last week. This report provides a number of key facts which make for sobering reading. Alongside these, there are two prevailing factors which provide the most challenges for Directors of Social Services about the impact of their savings – the first of these relate to the challenge to the quality of service provision, and the second to the increased pressure that the NHS finds itself in. Here in, in essence, lies some of the problem of all of these debates. Whilst we maintain a rhetoric around integration, we continue to represent and of course address, the different elements of the system in isolation. I grow increasingly concerned that the long awaited green paper on social care – if you like – social care's long awaited birthday gift – will contain so many 'terms and conditions' and disconnected solutions – that our ability to implement real systems change – will be curtailed. This must not happen.

There was welcome news in parliament last week in relation to the exemption of Doctors and Nurses from the Tier (2) general limit. The full statement can be read [here](#).

Whilst the parliamentary statement is contextualised in relation to the demand for Nurses within the NHS, the Home Office briefing is more explicit: ***“The move will mean there will be no restriction on the numbers of doctors and nurses who can be employed through the Tier 2 visa route – giving the ability to recruit more international doctors and nurses to provide outstanding patient care when required.”*** The full home office detail can be found [here](#).

Clearly this has positive ramifications for the highly challenged nursing recruitment within social care. The call at the end of May by the cross party alliance of Liz Kendall, Norman Lamb and Sarah Wollaston [welcoming the IFS report](#) into the funding of health and social care will be met with relief by the politicians tasked with making the Green Paper and long term NHS funding announcements, but they may find that the general population is still waiting for that Brexit bus to come along to solve all our financial woes.

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